

Of Interest

Inside

5 Minutes With...	3
Adult Day News	4
Assisted Living/ALFA News	9
CAHSA Calendar	10
CAHSA Next	6
Classifieds	9
Did You Know?	5
Executive Update	2
Get Out There!	3
Housing News	7
Of Interest	1
Insights on Leadership	6
Nursing Home News	5
People & Places	9
QF Corner	4
Resources	7

Baby Boomers to Strain Future Generations

Federal Reserve Chair Ben Bernanke told the Senate Budget Committee that if "early and meaningful action is not taken" by Congress to address the rising costs of retirement and medical services for baby boomers, "the U.S. economy could be seriously weakened, with future generations bearing much of the cost." According to an Associated Press article, Bernanke's statements "marked the Fed chief's most forceful warning to date on the potential problems facing the United States with the looming retirement of 78 million baby boomers, the oldest of whom will start retiring next year." Bernanke said that when the trust funds for Social Security and Medicare run out — projected to occur in 2018 for Medicare and 2040 for Social Security — the government will have to cut benefits or use general revenues to make payments.

CMS Eliminates Late Fees for Low-income Enrollees to Medicare Part D

CMS announced the elimination of the 2007 late enrollment penalty for any beneficiary eligible for the low-income subsidy for a Part D plan even if they failed to sign up by the program's initial deadline. CMS is continuing the same protection against the LEP for low-income Medicare beneficiaries as it did during last year's launch of the massive new program. Under this initiative, certain low-income Medicare beneficiaries can enroll in a Medicare prescription drug plan with no penalty through December 31, 2007.

The program is aimed at seniors who qualify for extra help paying for their Medicare prescription drug coverage. Certain other groups are also exempt from the late fee, such as those who qualify for Medicare for the first time in 2007 and enroll in a prescription drug plan during their initial enrollment period.

There are two steps that a potential low-income beneficiary can take to secure Part D coverage. First, check with the Social Security Administration to determine their eligibility for extra help paying for Medicare prescription drug coverage. Second, once the person is declared eligible for the low-income subsidy, they can apply for drug coverage, with the late enrollment penalty waived.

Those who qualify for the low-income subsidy can join a prescription drug plan anytime throughout 2007. If they do not enroll on their own, Medicare will enroll them in the prescription drug plan that is most suitable for them. For more information, call the Social Security Administration at 1-800-772-1213, or visit www.socialsecurity.gov on the web.

Census Report Shows Colorado Population Increased 1.9 percent to 4.75 Million People

A U.S. Census Bureau report released in December shows that Colorado's population rose 1.9 percent to 4,753,377 people between July 2005 and July 2006. That was the eighth-highest growth rate in the United States. Last year, Colorado was 11th.

Colorado is one of the top 10 fastest-growing states this year, due to an influx of residents from other states. The report also shows that for the first time since 2002, more residents moved to Colorado from other states than from other countries.

CMS Releases U.S. Health Spending Estimates Through 2005

Health care spending growth in the United States slowed for the third consecutive year in 2005, increasing 6.9 percent compared to 7.2 percent growth in 2004 and 8.1 percent in 2003, the Centers for Medicare & Medicaid services (CMS) reported.

The 6.9 percent growth in 2005 marks the slowest rate of growth in health spending since 1999, when growth was 6.2 percent. Health care spending reached almost \$2.0 trillion in 2005, or \$6,697 per person, up from \$6,322 per person in 2004.

CAHSA is the
Colorado affiliate of



American Association of Homes
and Services for the Aging



Assisted Living
Federation of America

As usual, January was a busy month at CAHSA! The first week of January I attended the AAHSA Executive Forum meeting. Larry Minnix shared an update on AAHSA's planning process. Specifically, he presented information on the Scenario Planning process and the next steps for AAHSA, as well as his expectations for state affiliates to educate our members.

Susan Weiss shared AAHSA's plans for their Survey and Certification Task Force which will meet in DC this month. Late last year, Larry Minnix met with Thomas Hamilton, Director of the CMS Survey and Certification Group, to discuss survey, certification, and enforcement concerns. Members from several states, including Colorado, have shared with AAHSA staff their perceptions of unfairness, inconsistency, and injustice during the survey process, which appears to have escalated to almost unprecedented levels. Specific concerns include ongoing problems with inconsistencies in the interpretation and application of the requirements and the survey and certification protocols. There are member reports of unjust, inequitable, and even hostile treatment and/or citations during survey; excessive punitive fines imposed for situations which have no negative outcome to the residents involved, and virtually no potential for harm to other residents; and reports that surveyors are looking for deficiencies to avoid the attraction of CMS look-behind surveys. Larry also raised the concern that while CMS has made it clear that existing regulations can and should be interpreted to accommodate today's climate of culture change, many surveyors are apparently taking a different view and making it difficult to meet homelike and residents' rights requirements. For example, surveyors are saying that all furnishings must be removed from corridors, including intermittent seating placed to allow residents to rest and socialize. AAHSA plans to meet with the Task Force, comprised of several AAHSA members, over the next few months and develop recommendations for follow-up with CMS. We will keep you informed of their work as they deliberate the issues and seek solutions.

The second week of January found me in Arizona at the ALFA Executive Council meeting. Attendees included ALFA staff Paul Williams and Mary Beth Bersani who facilitated a session to identify our vulnerabilities as an industry and develop strategies to address them. Each state affiliate brought their state regulations for assisted living and we compared the requirements across the states in several key areas and discussed trends in rule re-writes underway. We also heard presentations from Jim Moore on "National Trending in Assisted Living and Senior Housing" and a presentation by Gayle Morgan of Mathers Lifeway on "Using Public Relations in Advocacy Campaigns."

By now you know that the legislature is in full swing and our lobbyists are busy at work for you. Weekly issues of *Capitol Focus* will help keep you on top of our efforts on your behalf at our state Capitol. It's not too late to join our "Virtual Legislative Action Team" and help us review new bills being introduced. We have a group of members who meet each week with our lobbyist, but we can always use more opinions on certain bills. If you are able to assist with our review, please call or email me at the CAHSA office at 303-837-8834 or email me at laura@cahsa.org. Stay warm, and stay tuned.

Laura Landwirth

Laura Landwirth, Executive Director

CAHSA Connecting is published monthly by the Colorado Association of Homes and Services for the Aging (CAHSA), 1888 Sherman St., Suite 610, Denver, Colorado 80203.

CAHSA is a membership organization committed to promoting quality and dignity in the continuum of care through education and advocacy.

For information on membership, advertising rates and deadlines, please contact CAHSA at 303-837-8834 or visit our website at www.cahsa.org. One subscription to *Connecting* is included in membership dues. Additional mailed subscriptions are available for \$75, and are for member organizations only.

Entire contents © 2007 by CAHSA. All rights reserved. Reproduction in whole or part without written permission is prohibited.

Members are encouraged to reproduce articles if credit is given to CAHSA.

Postmaster: Send address changes to:

CAHSA
1888 Sherman St., Suite 610
Denver, CO 80203

Officers

CAHSA

President

Russ DenBraber
CEO, Christian Living Communities

Laura Landwirth
Executive Director

Past President

John Zabawa
President and CEO, Seniors' Resource Center

Holloway & Hyde
Newsletter Editor

Secretary

Kathy Dilger
Administrator, Good Samaritan Connections Home Health & Wellness

Treasurer

Tammy Minuhin
Regional Director of Operations, Alterra Healthcare Corp.

Board of Directors

Julie Callender
Senior Vice President, Bethesda Adult Communities

Maureen Hewitt
CEO, Total Longterm Care

Ken Hoagland
President, Community Capital Corporation

Vennita Jenkins
Administrator, The Granville Assisted Living

Larry Lillo
Executive Director, Sunrise Assisted Living at Pinehurst

Lynn O'Connor
CEO, Frasier Meadows Retirement Community

Dean Painter
CEO/President, Eaton Senior Programs

Linda Sanden
Administrator, Myron Stratton Home

David Smart
Associate Director of Operations, Golden West Senior Residence

Dan Stenersen
President and CEO, Shalom Park

A Business Partner

How long have you been a member of CAHSA?

David, my partner, and I have more than 10 years of experience with CAHSA, serving on the board and various committees over this period. Altitude Edge Consultants has been a member for one and a half years.

Why did you become a member?

We feel strongly that CAHSA is an organization that places residents, or clients, as number one when they prioritize their public policy agenda and organizational strategies.

What goods or services does your organization provide and what would you like members to know about this service?

Altitude Edge Consultants are comprised of individuals who collectively possess more than 75 years of health care experience. This experience includes the development, growth and successful operation of different long-term care services. We are working with clients all over the nation to provide support in feasibility studies, business planning, strategic planning and operational guidance.

How is your organization different or unique from others who provide a similar service?

You will notice that our name, Altitude Edge Consultants, does not carry a health care specific connotation. We seek to support organizations who want to go to higher levels and reach new potentials—much like athletes who train at high altitudes to reach their peak performance. In turn, we want to assist our clients in realizing the same “edge” and reaching their “peak performance.”

How can people learn more about your service/product?

Visit our website at www.altitudeedge.com or call us at 303-748-6762 or 303-807-1006.

How did you get into this business?

We have a passion for working with organizations who are pioneers in health care and supportive services. Altitude Edge Consultants offers us a venue for helping create the future of health care for seniors.



Ronda Schumacher

Get out there!

**Have an idea for a *Get Out There* column?
Contact us at: cahsanews@comcast.net.**

Tips for Gaining Exposure

Creating a Calendar Cultivates Connections

Total Longterm Care, a comprehensive, coordinated health care program that enables individuals to live with dignity in their communities, utilized a way to honor participants and family members as well as market TLC to potential referral sources and current TLC partners. In 2001, Ann Olson, then VP of Community Relations, decided to develop a calendar to promote TLC services and tell the success stories of participants. The calendar features a different TLC participant each month within a yearly theme. This year, TLC chose veterans as the theme. TLC created a calendar titled “Honoring the Heroes and Patriots at Total Longterm Care,” which tells the tales of 12 TLC participants who served in the United States armed services.

Participants featured in the calendar were selected based on research from social histories, taken at the time of enrollment into the program, or recommendations from staff. “Our employees know our participants very well and spend a great deal of time with them. [Staff is] always ready to recommend an individual to be a calendar ‘star,’” said Marketing Coordinator Meaghan McCoy.

Many of the veterans featured in this year’s calendar have dramatic stories of service, including a Pearl Harbor survivor and a Naval aviation chief who tested particles from a plume after atomic bomb testing. The participants who are featured in the calendars are honored to be a part of the project. The calendars are an opportunity to tell their stories and are considered a legacy for their families.

The calendar is a group effort. A theme for the year is chosen in May. The marketing department, with the help from interdisciplinary teams at each Adult Day/Health Center, identifies the 12 participants to feature—depending on the theme. TLC works with a marketing consultant who writes the stories and helps coordinate the calendar. A local graphic de-

signer, and Vietnam vet, was enlisted to create the visual contents and a great photographer shot all of the photos on location and coordinated the scanning of all of the historical photos.

The final project is a beautiful calendar that reflects the amount of time and energy that went into the production. The poignant and dramatic stories of the individuals, the careful selection of photos and stories and the scrapbook-style design makes the calendar a keepsake.

The calendars are then sent to participants in the TLC program, their families, contracted providers, the VA Hospital and Geriatric clinic, state and local legislative contacts, the national Veteran’s Affairs committee, and a variety of other professional contacts.

“We’ve seen an outpouring of heartfelt phone calls and letters thanking us for producing the calendar,” said McCoy. In fact, many who were sent the calendar requested more copies.

“The calendars are always a solid reminder why we do what we do. We dedicate ourselves to senior care for the individuals who have such varied histories and a wealth of knowledge and experience,” said McCoy.

A calendar is a perfect marketing tool for developing new contacts and sustaining current partnerships. Think about creating your own calendar and developing your own spin on TLC’s ideas. Whether you use in-house staff to develop the project, or you contact a copy writer, photographer, and graphic designer, developing a calendar to distribute to potential customers and current contacts is a great way to “Get Out There.”

Each month the chair of CAHSA's Quality First Task Force highlights examples of quality within CAHSA's membership. This month, he reviews a subset of Quality First, the Advancing Excellence in American Nursing Home Campaign, and challenges eligible members to apply for CAHSA's Third Annual Quality First Awards.

Advancing Excellence in America's Nursing Homes

Advancing Excellence in America's Nursing Homes is a new coalition-based two-year campaign that launched in September. The coalition founders include AAHSA, the American Health Care Association, the Alliance for Quality Nursing Home Care, and nine other health care organizations. The campaign seeks to reinvigorate efforts to improve the quality of care and life for those living or recuperating in America's nursing homes. This voluntary campaign monitors key indicators of nursing home care quality, promotes excellence in caregiving for nursing home residents, and acknowledges the critical role of nursing home staff. This coalition builds on the success of other quality initiatives like Quality First, the Nursing Home Quality Initiative, and the Culture Change movement. The campaign seeks to create a culture of person-centered, individualized care and an empowered workforce in nursing homes. Several tools have already been developed to assist providers with ongoing quality improvement efforts. To learn more about the campaign or to join the efforts, visit www.nhqualitycampaign.org.



John Torres
Chair, Quality First

Quality First Awards

By now you should have received information and an application for CAHSA's Third Annual Quality First Awards. The CAHSA Quality First Awards recognize CAHSA communities that demonstrate commitment to exceptional care, services, systems and practices in one or more components of the AAHSA Quality First 10-point plan. Nominees must have signed the Quality First Covenant.

Any CAHSA member that meets the criteria may self-nominate their organization. Awards may be given for "noble experiments" or unsuccessful programs that nonetheless demonstrate Quality First commitment. Awards will not be limited to one per organization so please, apply for multiple award categories. An award may be presented to a CAHSA business partner who exhibits how their product or service best supports Quality First.

An award task force comprised of CAHSA board members, representative of the full spectrum of housing and aging services, will review the nominations and select the winners. Recipients of this year's awards will be honored during CAHSA's Annual Conference held May 17-18 at the Vail Cascade Resort and Spa. **Deadline to apply is Feb. 28, 2007.**

Over the last year, this column highlighted numerous examples of QF that I think would make great award nominations. Take, for example, Shalom Park's concierge service. Shalom Park Senior Residences provides a unique service for its residents to handle the everyday contingencies that residents encounter. The one-touch service embraces the goals and principles that are the foundation of Quality First for *Leading-Edge Care and Services*.

In May, we highlighted Eastern Star's "Caring Above and Beyond." This long-term, quality-focused management program uses *Continuous Quality Assurance and Quality Improvement* methods to enhance *Leading-Edge Care and Services*, improves operational effectiveness, and fosters *Workforce Excellence*.

Last year's winners (Eaton Senior Programs, Christian Living Communities—University Hills, Seniors' Resource Center, and Christian Living Communities) should have some steep competition this year with so many CAHSA organizations making efforts in Quality First.

Consider sharing the successes, failures or noble attempts you've made in any of the areas of Quality First by applying for this year's Quality First awards program. Good luck everyone!

For additional information about how your organization may become a partner in QF, contact Karen Simmering at Karen@cahsa.org or 303-837-8834.

Adult Day News

CAHSA's Adult Day Coalition is off to a running start. This year's co-chairs are Anne Cuizon (Life at the Bluffs – Goodwill Industries, Colorado Springs) and Lori Sanchez (Morning Star Senior Day Program). For 2007, the group has changed their meeting date to the third Monday of the month, excepting February due to a national holiday. Also, the members present decided they would like to meet monthly and the next meeting will be held February 26th from 10 am to 1 pm at the conference room of the CAHSA office building in downtown Denver. Following is a "run down" of the group's 2007 focus.

There was much discussion about Medicaid reimbursement and whether there was sufficient interest for CAHSA to conduct a cost report study to determine the difference between current rates and costs, as well as a projection of savings to the Medicaid program if a rate increase beyond the cost of living increase is pursued. The Department of Health Care Policy and Financing discontinued collecting annual cost report data in 2006 and some members are concerned that we will see an increasing disparity in costs and reimbursement. CAHSA Adult Day members will receive a survey this month from CAHSA to determine their interest in moving forward. The group will either pursue or table the issue based on the survey response. We strongly urge all Adult Day members to respond to the survey.

Nursing Home News

Norovirus Hit Nursing Homes Hard This Winter

Many people across the country have suffered from stomach viruses in recent months, including many nursing home residents and workers. Noroviruses are the most common cause of contagious gastroenteritis, also known as the stomach flu. Cases hit every winter, but this year there have been two to three times more cases than usual, health officials say. Outbreaks in nursing homes are of particular concern because of the risk of dehydration caused by vomiting and diarrhea, according to health experts. For more information on Noroviruses, visit the Centers for Diseases web site at: <http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm>.

MedPAC Recommends Payment Level Freeze

The Medicare Payment Advisory Commission recommended that Congress freeze Medicare payment levels next year. Nursing homes have already protested the recommendation as undermining efforts to improve quality and wage standards. To review the entire recommendation report, visit: http://www.medpac.gov/publications/congressional_reports/Jan07_PartB_mandated_report.pdf?CFID=2884487&CFTOKEN=65601889.

HHS Launches New Web Site Promoting Long-Term Care Planning

A new web site has been launched to make it easier for consumers to get needed information to plan for long-term care. The National Clearinghouse for Long-Term Care Information web site provides comprehensive information about long-term care planning, services and financing options, along with tools to help people begin the planning process. The new site also supports the "Own Your Future" education campaign, a joint federal-state initiative designed to increase consumer awareness about planning for long-term care. The National Clearinghouse for Long-Term Care Information web site is an essential component of the "Own Your Future" campaign. For more information about the "Own Your Future" campaign and the National Clearinghouse for Long-Term Care Information, please visit: http://www.longtermcare.gov/LTC/Main_Site/index.aspx.

Did You Know?

Alzheimer's, Parkinson's May be Misdiagnosed

It is estimated that 250,000 Americans over the age of 65 may have been misdiagnosed with Alzheimer's disease, and perhaps Parkinson's disease, when in fact they have a treatable condition known as normal pressure hydrocephalus, according to a University of California at Los Angeles (UCLA) study. Hydrocephalus is a condition in the brain characterized by an abnormal buildup of cerebrospinal fluid. The condition's symptoms may be frequently mistaken for better-known and more common disorders in the elderly, including Alzheimer's and Parkinson's, reported UCLA experts. See the full press release on the study at: <http://www.newsroom.ucla.edu/page.asp?relnum=7610>.

Few Americans Screened or Counseled About Disease Prevention

According to a report issued by the Agency for Healthcare Research and Quality, the overall quality of the U.S. healthcare system is improving, but providers are missing chances to help Americans avoid diseases or related serious complications. Some key findings in the report include:

- Only 52 percent of adults receive recommended colorectal cancer screenings.
- Fewer than half of obese adults report being counseled about their diet by a healthcare professional.
- Only 49 percent of asthma-inflicted patients reported that they were told how to change their environment to alleviate symptoms, and 28% received an asthma management plan.
- Just 48 percent of adults with diabetes received recommended screenings to prevent disease complications.

Survey Shows Improper Medication Rampant

Nearly 75 percent of consumers admit they do not always take their prescription medications as directed, according to a survey conducted by the National Community Pharmacists Association (NCPA). The economic impact of patient non-adherence is estimated at \$100 billion annually in increased hospitalizations, doctor visits, lab tests, and nursing home admissions, according to a release from the NCPA.

Key findings of the survey include the following:

- 49 percent forgot to take a prescribed medication.
- 31 percent failed to fill a prescription they were given.
- 24 percent took less than the recommended dosage.
- 11 percent had substituted an over-the-counter medication instead of filling the prescription they were given.

To read the full press release, visit: http://www.ncpanet.org/media/releases/2006/take_as_directed.php.

Increase in Patient Diversity

In 2006, healthcare professionals communicated with patients in 143 languages, an increase of 8 percent from the previous year, according to the Tucson, AZ-based language services provider CyraCom. Arabic moved from fifth place to fourth in frequency of requests for over-the-phone interpretation during 2006. Others in the top five included Spanish, Russian, Vietnamese, and Korean, according to a CyraCom release.

Each month we will profile a CAHSA member and learn their Insights on Leadership.

David Smart is the associate director of operations at Golden West, which has been providing senior housing in Boulder for more than 40 years. As associate director of operations, Smart oversees the community services and program departments, the assisted living division of the community and fundraising for the organization. In addition, Smart assists the executive director with budget management and strategic planning. This month, we caught up with Smart to get his perspective on leadership. Here's what he had to say....



David Smart

Briefly describe your background and how you came to work in the health care industry.

I began working for my father at a continuing care retirement community when I was 14 years old. I spent the next several years in every department at the CCRC. Later I was employed as an assistant administrator at a CCRC. After this experience, I decided to pursue my masters in Gerontology and Long Term Care Administration. My internship for graduate school brought me to Golden West, where I have been blessed with great opportunities and a great mentor in Executive Director John Torres.

How has leadership influenced how you came to work with senior services?

My first experiences as a teenager taught me to do my best to convey a sense of honor and respect to seniors. I also saw a need for leadership in the aging services field

What kind of leadership style do you employ?

I am direct in my communication style and not hesitant to share my opinion. However, I am careful to listen to others. I communicate my expectations and get input from staff on how the job will get done. My goal is to work as a team to make the right decisions for the organization and the residents. I have an open-door policy and feel it is important to develop caring relationships with residents, staff and family members based on trust.

What is the most difficult part of being a leader and how do you overcome that?

Doing what is best for the organization especially when faced with making unpopular choices is the most difficult part of my job. It helps me to know what is being done is the right thing for the organization and the people we serve. I rely a lot on my wife to process work issues. I also enjoy spending time with my kids as a way to get some relief from the work world.

What are the strengths of your organization's leadership team?

We enjoy each other as individuals and recognize that we are all here to serve our residents. Every individual on our team is willing to pitch in. Whatever the circumstance, whether it be help with a fundraising event or performing tasks outside the realm of the normal work duties because of a blizzard day, our team is always there helping out.

What talents or strengths do you rely on most in your daily life as a leader?

I believe I am a good problem solver and remain calm and objective, particularly when faced with a crisis or immediate problem.

Do you enjoy taking risks? Talk about a risk you've taken in your leadership position.

I cannot say I enjoy taking risks. However, risks are all relative to the situation and a necessary part of operations. As an organization we have taken risks on certain decisions. We took risks by hiring employees that may not have the most experience but have a desire and enthusiasm that make them compelling to hire. We realized attitude and basic skills are more important than experience. An individual can be taught the necessary skills and functions of a particular position if they have the right attitude.

CAHSA Next

CAHSA Next Winter Party and Networking

CAHSA Next had its Winter Party and networking event at Total Longterm Care's Cody Center in Lakewood on Jan. 25. The turnout was great with about 40 members attending. Attendees enjoyed hors d'oeuvres and other refreshments after touring the Cody Center with TLC employees.

Guest speaker Mary Reilly, senior regional vice president of AAHSA, gave an inspiring speech about the importance of mentoring and the role it has played in her life and career. Reilly began her career as a nurse. Caring for seniors in this capacity led her to become an advocate for issues affecting seniors, and she later became CAHSA's first executive director. In this role, Reilly found a calling and parlayed her success with CAHSA to become senior regional vice president of AAHSA. At almost every stage in her career, Reilly had a mentor who helped her grow and learn, allowing her to move on to the next stage in her career. Reilly looked for strong, compassionate leaders when searching for mentors, knowing this would make for a valuable and effective mentoring relationship. She also discussed the importance of networking and how to begin a search for a mentor.

Thanks to the meeting organizers, special thanks to Total Longterm Care for hosting, and it was great to see so many members make the effort to attend. For more information, please contact Karen Simmering at Karen@cahsa.org or 303-837-8834.

Resources

Pandemic Readiness Guidelines

The Colorado Department of Public Health and Environment's Emergency Preparedness and Response Section has partnered with Colorado's business, education and social services communities to develop pandemic readiness guidelines specific to each of these three areas. Experts from these fields were invited to join the department on sub-committees dedicated to developing these guidelines. The results were distributed throughout the state, country and even worldwide to assist communities in preparing for any public health emergency. The guidelines will be updated continually and the latest versions will always be on the web site at: www.cdphe.state.co.us/bt.

CMS Provides Guidance for Remote Access of Health Records

Federal health authorities have issued guidance to providers about accessing resident and health records remotely. The guidance directs providers on a wide variety of electronic devices used to access or transmit electronic protected health information. The Centers for Medicare & Medicaid Services proposes that entities covered by the Health Insurance Portability and Accountability Act (HIPAA) should be "extremely cautious" about the transmission or access of protected information off-site. The CMS document suggests steps providers can take and policies to implement for a wide range of scenarios, including physicians transmitting prescription changes and caregivers sending resident information to off-site storage areas. To view the guidance, visit: <http://www.cms.hhs.gov/SecurityStandard/Downloads/SecurityGuidanceforRemoteUseFinal122806.pdf>.

Quick Reference Information Available for Medicare Preventive Services

The January 2007 version of this quick reference chart is now available as a download on the MLN Products Publications web page. Print copies will be available in late February or early March. To view and print the quick reference, visit: http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf.

Quick Reference Guide for Immunization Billing

The Quick Reference Information: Medicare Immunization Billing chart is now available in hardcopy or as a download from the Medicare Learning Network. This two-sided laminated chart gives Medicare fee-for-service physicians, providers, suppliers, and other health care professionals quick information to assist with filing claims for influenza, Pneumococcal Polysaccharide (PPV), and Hepatitis B (HBV) vaccines and their administration. To download, view and print the chart, go to: http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf or a hardcopy of the chart can be ordered through the Medicare Learning Network Product Ordering Page at: http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5.

Eden Training

Certified Eden Associate Training to be held Feb. 20, 21 and 22, 8:30 a.m. to 5:00 p.m. at the **Bent County HealthCare Center**, 810 Third Street, Las Animas. Anyone interested in making a difference in long-term care—including nursing home administrators, DONs, nurses, nursing home owners, social workers, therapists, hands-on care partners, surveyors, ombudsmen, elder advocates, elders and activities directors—should attend. Cost is \$400.00 per participant (Early Bird) and \$450 per participant after Feb. 2. Price includes resource manual, copy of *In the Arms of Elders*, 21 CEUs from NAB and lunch for 3 days. Registration deadline is Feb. 12. Space is limited. For more information or to register, call 719-456-1340.

Housing News

HUD Issues NOFA Policy for Fiscal Year 2007

On January 18, HUD announced its fiscal year (FY) 2007 Notice of Funding Availability (NOFA); Policy Requirements and General Section to the FY2007 SuperNOFA for HUD's discretionary programs. The notice provides applicants for HUD competitive funding an opportunity to become familiar with the application process and the general section of the 2007 SuperNOFA.

The early registration notice provides step-by-step instructions from Grants.gov for new and previously registered applicants. Applicants who are already registered need to update information previously provided in the Central Contractor Registration (CCR). The simple renewal instructions must be completed before an applicant's registration in the CCR expires. Registrations must be renewed/updated annually. Failure to update/renew your CCR registration will cause your Grants.gov registration to be invalid and you will not be able to submit an application for funding. Applicants can register with the CCR at: <http://www.ccr.gov>. For more information, download a copy of the Federal Register (FR-5100-N-01) at the following web site: [http://hudclips.org/sub_nonhud/cgi/nph-brs.cgi?d=FR06&s1=FR-5100-N-01\\$\[NO\]&SECT5=FR06&SECT1=TXTHLB&l=50&u=../cgi/newsdoc_run.cgi&p=1&r=1&f=G](http://hudclips.org/sub_nonhud/cgi/nph-brs.cgi?d=FR06&s1=FR-5100-N-01$[NO]&SECT5=FR06&SECT1=TXTHLB&l=50&u=../cgi/newsdoc_run.cgi&p=1&r=1&f=G).

Findings from the Study of Affordable Housing Plus Services for Low- and Modest-Income Older Adults

Due to the well-documented relationship between increasing age, chronic illness and disability, and growing long-term care needs, new models for delivering health-related and supportive services are being sought that are attractive and affordable to low- and modest-income older adults. A hopeful but under explored strategy, Affordable Housing Plus Services (AHPS), links older residents of subsidized multi unit housing to health and supportive services so that they can "age in place."

This is an excerpt from the January 2007 Edition of *Electronic News!*, a quarterly newsletter developed by the SSA, QIO, and CMS Committee.

The Advancing Excellence Campaign Supports Current Work

Submitted by: Raymond Rusin, Chief Health Facilities Regulation, Rhode Island Department of Health and Gail Patry, Quality Partners of Rhode Island

Advancing Excellence in America's Nursing Homes

Campaign Goals

NH residents receive appropriate care to prevent and minimize pressure ulcers

Objectives: By June 1, 2008:

1. The national average for high-risk pressure ulcers is below 10%
2. 30% of NHs will regularly report rates of high risk pressure ulcers below 6%
3. No NH will a report rate of high risk pressure ulcers that exceeds 24%
4. Compared to June 2006, approximately 50,000 fewer residents will have pressure ulcers

NH residents are independent to the best of their ability and rarely experience daily physical restraints

Objectives: By June 1, 2008:

1. The national average of the daily use of physical restraints will be at or below 5%, 50% of NHs will regularly report rates of daily use of physical restraints below 3%
2. No NH will a report rate of daily use of physical restraints that exceeds 19%
3. Compared to June 2006, approximately 30,000 fewer residents be physically restrained daily

NH residents who live in a NH longer than 90 days infrequently experience moderate or severe pain

Objectives: By June 1, 2008:

1. The national average of moderate or severe pain experienced by long-stay residents will be at or below 4%
2. 30% of NHs will regularly report rates of moderate to severe pain for long stay residents under 2%
3. No NH will report rate of moderate or severe pain that exceeds 20%

People who come to NHs after staying in the hospital only sometimes experience moderate to severe pain

Objectives: By June 1, 2008:

1. The national average of moderate or severe pain experienced by post-acute residents will be at or below 15%
2. 30% of nursing homes will regularly report rates of moderate or severe pain for post acute residents below 10%
3. No NH will a report rate of moderate or severe pain that exceeds 46%

Survey and Certification

SSA Goals

Promote ongoing improvement in the quality of health care services and assure compliance with standards for health care services

1. Timely investigative review and enforcement activities to ensure all nursing facilities are in full compliance with state and federal regulations
2. Collaboration with stakeholders to promote nursing home improvements and the advancement of high quality resident-centered care
3. Ensure consumer access to a variety of sources of information regarding nursing homes, including: facility residential environment, resident/family satisfaction, regulatory compliance status, and the quality of care and services provided at each facility

Nursing Home Quality Initiative

Improve Clinical Performance for high risk pressure ulcers

Improve Clinical performance for daily physical restraints

Improve Clinical performance for management of pain

1. Work with NHs and stakeholders to promote QI on the clinical measures
2. IPG 1 – Significantly improve the clinical quality of the care provided to their NH residents
3. IPG 2 – Significantly improve the clinical quality of the care provided to their NH residents

Target Setting

1. Set statewide targets for (at a minimum) high-risk pressure ulcers and physical restraints
2. Assist NHs throughout the state/jurisdiction
3. Help NHs set targets at least annually for (at a minimum) pressure ulcers among high-risk residents and physical restraints
4. All IPG 1 and IPG 2 NHs must set targets for (at a minimum) pressure ulcers among high-risk residents and physical restraints
5. Collect and monitor resident and staff experience of care/satisfaction
6. Resident and staff experience of care/satisfaction surveys must be conducted at least annually in at least 90% of IPG 1 & 2 nursing homes

Collect and monitor employee turnover

1. Certified nursing assistant turnover must be collected and reported for at least 90% of IPG 1 & 2 NHs

There is no current mandate within the QIO contract for IPG or statewide NHs to use the strategy of consistent assignment. Consistent assignment is, however, a basic tenet of culture change and therefore, is consistent with the education being provided to IPG NHs.

For more information, contact:

Gail Patry, RN, C, Project Director, Quality Partners of Rhode Island, (401) 528-3200, Gpatry@riqio.sdps.org

Assisted Living/ALFA News

MetLife Survey of Assisted Living Costs

The October 2006 MetLife Market Survey of Assisted Living Costs reported a 2.2 percent increase over last year in the national average for a private room in a private-pay assisted living community. That finding translates to an additional \$63 per month for an average total cost of \$2,968 per month.

The American Association of Homes and Services for the Aging estimates that more than one million Americans live in almost 33,000 licensed assisted living residences in the United States. To read the complete findings, visit the MetLife web site at: <http://www.metlife.com/Applications/Corporate/WPS/CDA/PageGenerator/0,4132,P8894,00.html>

ALF Administrator Salary Trends

The national median salary for assisted living administrators has hit \$65,000, according to the latest survey results from Hospital & Healthcare Compensation Service. The national median for administrators at facilities with fewer than 75 units was about \$15,000 less than that of administrators at ALFs with more than 75 units (\$57,678 to \$72,696). More than 750 facilities participated in the study, with 103 reporting they gave their administrator a bonus.

The *Assisted Living Salary & Benefits Report* details salary information for 39 assisted living positions, 22 fringe benefits, turnover rates by department and projected salary increases for 2007, and more. For more about the report, visit http://hhcsinc.com/News_2006_AL.pdf. The reduced price for AAHSA members is \$225.00.

People & Places

Christian Living Communities Breaks Ground

Christian Living Communities achieved another milestone in January with the official Groundbreaking Ceremony for Holly Creek's Phase II construction. Approximately 300 guests attended the ceremony on a bright, sunny day with 40 degree temperatures and no new falling snow! The news of the expansion was featured in the business section of *The Denver Post* on Jan. 15.

MorningStar Assisted Living of Littleton's chef, Mike DeGiovanni, was inaugurated as President of The Colorado Chapter of the American Culinary Foundation (ACF). Chef DeGiovanni also sits on the Apprenticeship Committee, is a former Presidential Medallion and Culinarian Code award winner, former President of the Education Fund and was awarded the 2006 & 2007 Chef Achievement Award. MorningStar Apprentice, Janet Etchart, was also awarded a Presidential Medallion for excellence.

The Villager highlighted **Christian Living Communities'** holiday spirit on Dec. 28 with an article detailing CLC's efforts to provide **Pinewood Lodge** with holiday decorations. The efforts were part of CLC's Community Benefit Program which won a CAHSA Quality First Award in 2006, which was also detailed in the article.

Holly Creek Retirement Community was highlighted in *The Villager* on Dec. 21 for its efforts to help Warm Woolies. A group of residents from Holly Creek met every Thursday since June to knit child-sized sweaters, hats, mittens, and slippers for the Denver based non-profit. Since the group was started, they have created more than 200 pieces of clothing. Congratulations Holly Creek!



Holly Creek's Phase II Groundbreaking

Classifieds

Allied Jewish Apartments at Cherry Creek is looking for a full-time **Assisted Living Program Director**. Qualified candidates will possess a BA/BS degree in a medically, psychologically or socially related gerontology field or equivalent education and experience combined of 5+ years; experience working with seniors and dedication to enhancing their quality of life; excellent documentation skills and the ability to effectively communicate with residents, resident family members, and staff; the ability to work effectively during crisis situations; strong leadership qualities; and 2-5+ years of direct experience supervising and training staff. Russian and/or Spanish language skills helpful though not necessary. Competitive salary with excellent benefits including generous paid time off, pension plans, and company-paid health, dental, vision, life and disability insurance. Please send resume & cover letter to: Allied Jewish Apartments, Attn: Tracy Kapaun, 22 South Adams Street, Denver, Colorado 80209 Fax: 303-393-0284 or E-mail: tkapaun@ajsh.org.

The CAHSA Calendar

Feb. 15 Leadership Development Committee

2:00 p.m.
Seniors' Resource Center

Feb. 23 CAHSA Board of Directors Meeting

Noon - 3:00 p.m.
Total Longterm Care, Capitol Center

Feb. 26 Adult Day Interest Group Meeting

10:00 a.m. - 1:00 p.m.
CAHSA Conference Room



*Get more information
on these events from
our web site -
www.cahsa.org*

SALARY SURVEY REMINDER!!!

The last day to enter your information for the 2007 Salary Survey is February 15. If you have not received your instructions for the survey, call CAHSA at 303-837-8834.

Save The Date...

May 17-18 CAHSA Annual Conference

"Listen, Learn & Lead"
Vail Cascade Resort & Spa